



REQUEST FOR INTERIM REIMBURSEMENT

Department of Career and Technical Education
SFN 15251 (11/08)

State Capitol 15th Floor
600 E Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Requesting Agency		
Address		City, State, Zip Code
Title of Project/Program		Project/Program Number
Reporting Period of Expenditures for this Request From: _____ To: _____ (Month/Day/Year) (Month/Day/Year)		Total Amount of CTE Funds Authorized for this Project
STATUS OF FUNDS		
A. Total CTE share of funds expended to date		\$
B. Total CTE funds received to date		\$
C. Total request for CTE funds for this period (line A minus line B)		\$
Remarks (attach additional sheets if necessary)		

I certify this request is correct and complete and that all expenditures have been approved on the annual plan.

_____	_____	_____
Name (Please print or type)	Signature of Authorized Official	Title
_____	_____	_____
Date	Phone Number	Email Address

CTE Use	
_____Approved _____Disapproved	
Source: _____	
_____	_____
Signature of Supervisor	Date